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CONFIRMATION NO. 1449

<b>SERIAL NUMBER</b> 10/827,105	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 0341-0028.07
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/609,854 07/05/2000 PAT 6,723,069 which is a DIV of 08/530,466 09/19/1995 PAT 6,139,522 which is a CON of 08/197,122 02/16/1994 ABN *dw.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none dw.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 06/28/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Anthony S. Williams dw.</i> Examiner's Signature Initials				

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**TITLE**  
 Electrophysiology positioning catheter

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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